CareFirst BCBS-PPO	Bi-Weekly			Monthly		
	EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	37.07	148.27	185.34	74.14	296.54	370.68
Employee/Retiree & 1 CHILD, NO MEDICARE	66.72	266.89	333.61	133.44	533.77	667.21
Employee/Retiree & SPOUSE, NO MEDICARE	66.72	266.89	333.61	133.44	533.77	667.21
Employee/Retiree +2 OR MORE, NO MEDICARE	92.68	370.69	463.37	185.35	741.38	926.73
RETIREE ONLY, WITH MEDICARE	18.54	74.15	92.69	37.07	148.30	185.37
RETIREE + 1, ONE WITH MEDICARE	55.60	222.38	277.98	111.19	444.77	555.96
RETIREE + 1, BOTH WITH MEDICARE	37.07	148.27	185.34	74.14	296.54	370.68
RETIREE + 2, ONE WITH MEDICARE	85.25	341.01	426.26	170.50	682.02	852.52
RETIREE + 2, TWO WITH MEDICARE	74.14	296.53	370.67	148.27	593.07	741.34
RETIREE + 2 OR MORE, ALL WITH MEDICARE	55.60	222.38	277.98	111.19	444.77	555.96
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	92.68	370.69	463.37	185.35	741.38	926.73

MLH - EAGLE - PPO		Bi-Weekly			Monthly		
	EE	State	Total		EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	33.17	132.69	165.86		66.34	265.38	331.72
Employee/Retiree & 1 CHILD, NO MEDICARE	59.71	238.85	298.56		119.42	477.69	597.11
Employee/Retiree & SPOUSE, NO MEDICARE	59.71	238.85	298.56		119.42	477.69	597.11
Employee/Retiree +2 OR MORE, NO MEDICARE	82.94	331.74	414.68		165.87	663.49	829.36
RETIREE ONLY, WITH MEDICARE	16.59	66.35	82.94		33.18	132.70	165.88
RETIREE + 1, ONE WITH MEDICARE	49.76	199.02	248.78		99.51	398.04	497.55
RETIREE + 1, BOTH WITH MEDICARE	33.17	132.69	165.86		66.34	265.38	331.72
RETIREE + 2, ONE WITH MEDICARE	76.30	305.17	381.47		152.59	610.34	762.93
RETIREE + 2, TWO WITH MEDICARE	66.35	265.37	331.72		132.69	530.75	663.44
RETIREE + 2 OR MORE, ALL WITH MEDICARE	49.76	199.02	248.78		99.51	398.04	497.55
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	82.94	331.74	414.68		165.87	663.49	829.36

AETNA US HEALTHCARE - POS	Bi-Weekly			Monthly		
	EE	State	Total	EE/Ret	State	Total
Employee / Retiree ONLY, NO MEDICARE	20.90	118.45	139.35	41.80	236.89	278.69
Employee / Retiree, 1 CHILD, NO MEDICARE	37.62	213.20	250.82	75.24	426.39	501.63
Employee / Retiree & SPOUSE, NO MEDICARE	37.62	213.20	250.82	75.24	426.39	501.63
Employee/Retiree +2 OR MORE, NO MEDICARE	52.26	296.10	348.36	104.51	592.21	696.72
RETIREE ONLY, WITH MEDICARE	10.45	59.21	69.66	20.90	118.41	139.31
RETIREE + 1, ONE WITH MEDICARE	31.35	177.63	208.98	62.69	355.26	417.95
RETIREE + 1, BOTH WITH MEDICARE	20.90	118.45	139.35	41.80	236.89	278.69
RETIREE + 2, ONE WITH MEDICARE	48.07	272.41	320.48	96.14	544.82	640.96
RETIREE + 2, TWO WITH MEDICARE	41.80	236.87	278.67	83.60	473.73	557.33
RETIREE + 2 OR MORE, ALL WITH MEDICARE	31.35	177.63	208.98	62.69	355.26	417.95
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	52.26	296.10	348.36	104.51	592.21	696.72

CareFirst BCBS-POS	Bi-Weekly			Monthly		
	EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	22.34	126.57	148.91	44.67	253.15	297.82
Employee/Retiree & 1 CHILD, NO MEDICARE	40.21	227.83	268.04	80.41	455.67	536.08
Employee/Retiree & SPOUSE, NO MEDICARE	40.21	227.83	268.04	80.41	455.67	536.08
Employee/Retiree +2 OR MORE, NO MEDICARE	55.84	316.44	372.28	111.68	632.88	744.56
RETIREE ONLY, WITH MEDICARE	11.17	63.27	74.44	22.33	126.55	148.88
RETIREE + 1, ONE WITH MEDICARE	33.51	189.85	223.36	67.01	379.71	446.72
RETIREE + 1, BOTH WITH MEDICARE	22.34	126.57	148.91	44.67	253.15	297.82
RETIREE + 2, ONE WITH MEDICARE	51.38	291.11	342.49	102.75	582.22	684.97
RETIREE + 2, TWO WITH MEDICARE	44.67	253.14	297.81	89.34	506.27	595.61
RETIREE + 2 OR MORE, ALL WITH MEDICARE	33.51	189.85	223.36	67.01	379.71	446.72
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	55.84	316.44	372.28	111.68	632.88	744.56

M.D. IPA PREFERRED - POS		Bi-Weekly			Monthly		
	EE	State	Total		EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	22.71	128.67	151.38		45.41	257.35	302.76
Employee/Retiree & 1 CHILD, NO MEDICARE	40.87	231.61	272.48		81.74	463.21	544.95
Employee/Retiree & SPOUSE, NO MEDICARE	40.87	231.61	272.48		81.74	463.21	544.95
Employee/Retiree +2 OR MORE, NO MEDICARE	56.77	321.69	378.46		113.54	643.38	756.92
RETIREE ONLY, WITH MEDICARE	11.36	64.33	75.69		22.71	128.67	151.38
RETIREE + 1, ONE WITH MEDICARE	34.06	193.01	227.07		68.12	386.01	454.13
RETIREE + 1, BOTH WITH MEDICARE	22.71	128.67	151.38		45.41	257.35	302.76
RETIREE + 2, ONE WITH MEDICARE	52.23	295.94	348.17		104.45	591.89	696.34
RETIREE + 2, TWO WITH MEDICARE	45.42	257.34	302.76		90.83	514.68	605.51
RETIREE + 2 OR MORE, ALL WITH MEDICARE	34.06	193.01	227.07		68.12	386.01	454.13
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	56.77	321.69	378.46		113.54	643.38	756.92

BLUE CHOICE - HMO	Bi-Weekly			Monthly		
	EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	20.33	115.20	135.53	40.66	230.39	271.05
Employee/Retiree & 1 CHILD, NO MEDICARE	42.66	241.76	284.42	85.32	483.51	568.83
Employee/Retiree & SPOUSE, NO MEDICARE	42.66	241.76	284.42	85.32	483.51	568.83
Employee/Retiree +2 OR MORE, NO MEDICARE	52.86	299.50	352.36	105.71	599.00	704.71
RETIREE ONLY, WITH MEDICARE	10.02	56.79	66.81	20.04	113.58	133.62
RETIREE + 1, ONE WITH MEDICARE	30.19	171.05	201.24	60.37	342.10	402.47
RETIREE + 1, BOTH WITH MEDICARE	22.02	124.78	146.80	44.04	249.56	293.60
RETIREE + 2, ONE WITH MEDICARE	50.35	285.33	335.68	100.70	570.66	671.36
RETIREE + 2, TWO WITH MEDICARE	32.12	181.98	214.10	64.23	363.96	428.19
RETIREE + 2 OR MORE, ALL WITH MEDICARE	27.55	156.08	183.63	55.09	312.17	367.26
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	50.11	283.97	334.08	100.22	567.94	668.16

KAISER - HMO	Bi-Weekly			Monthly		
	EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	18.06	102.31	120.37	36.11	204.62	240.73
Employee/Retiree & 1 CHILD, NO MEDICARE	36.11	204.62	240.73	72.22	409.25	481.47
Employee/Retiree & SPOUSE, NO MEDICARE	36.11	204.62	240.73	72.22	409.25	481.47
Employee/Retiree +2 OR MORE, NO MEDICARE	45.23	256.27	301.50	90.45	512.54	602.99
RETIREE ONLY, WITH MEDICARE	11.97	67.84	79.81	23.94	135.68	159.62
RETIREE + 1, ONE WITH MEDICARE	30.03	170.15	200.18	60.05	340.30	400.35
RETIREE + 1, BOTH WITH MEDICARE	23.95	135.67	159.62	47.89	271.35	319.24
RETIREE + 2, ONE WITH MEDICARE	45.23	256.32	301.55	90.46	512.63	603.09
RETIREE + 2, TWO WITH MEDICARE	42.00	237.99	279.99	84.00	475.97	559.97
RETIREE + 2 OR MORE, ALL WITH MEDICARE	35.92	203.51	239.43	71.83	407.03	478.86
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	45.23	256.27	301.50	90.45	512.54	602.99

OPTIMUM CHOICE, INC HMO		Bi-Weekly					
	EE	State	Total		EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	19.66	111.40	131.06		39.32	222.80	262.12
Employeee/Retiree & 1 CHILD, NO MEDICARE	40.89	231.69	272.58		81.77	463.38	545.15
Employee/Retiree & SPOUSE, NO MEDICARE	40.89	231.69	272.58		81.77	463.38	545.15
Employee/Retiree +2 OR MORE, NO MEDICARE	48.75	276.26	325.01		97.50	552.51	650.01
RETIREE ONLY, WITH MEDICARE	12.99	73.56	86.55		25.97	147.13	173.10
RETIREE + 1, ONE WITH MEDICARE	32.64	184.97	217.61		65.28	369.93	435.21
RETIREE + 1, BOTH WITH MEDICARE	25.97	147.12	173.09		51.93	294.25	346.18
RETIREE + 2, ONE WITH MEDICARE	48.75	276.26	325.01		97.50	552.51	650.01
RETIREE + 2, TWO WITH MEDICARE	44.58	252.57	297.15		89.15	505.15	594.30
RETIREE + 2 OR MORE, ALL WITH MEDICARE	38.95	220.69	259.64		77.89	441.39	519.28
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	48.75	276.26	325.01		97.50	552.51	650.01

Maryland State Employee Benefits Program Prescription Drugs

January 1, 2005 - June 30, 2005 Premium Rates

	Bi- Weekly	Bi- Weekly	Bi- Weekly
Level of Coverage	Deduction	State Subsidy	Total
Employee / Retiree Only	\$19.84	\$79.36	\$99.20
Employee / Retiree + 1 Child	\$26.37	\$105.47	\$131.84
Employee / Retiree + Spouse	\$32.93	\$131.72	\$164.65
Employee / Retiree + 2 or More	\$39.68	\$158.72	\$198.40
		-	

	Monthly	Monthly	Monthly
Level of Coverage	Deduction	State Subsidy	Total
Employee / Retiree Only	\$39.68	\$158.72	\$198.40
Employee / Retiree + 1 Child	\$52.74	\$210.94	\$263.68
Employee / Retiree + Spouse	\$65.86	\$263.44	\$329.30
Employee / Retiree + 2 or More	\$79.36	\$317.44	\$396.80

State of Maryland DENTAL PLANS

January 1, 2005 - June 30, 2005 Premiums

Dental Benefits Providers (HMO)									
Bi-Weekly	EE/Ret	EE/Ret State							
Coverage Level	Deduction	Subsidy	Total						
Employee / Retiree Only	\$3.35	\$3.35	\$6.70						
Employee / Retiree + 1 Child	\$6.70	\$6.70	\$13.40						
Employee / Retiree + Spouse	\$7.38	\$7.37	\$14.75						
Employee / Retiree + 2 or More	\$11.73	\$11.72	\$23.45						
Monthly Coverage Level	EE/Ret	State	Total						

Monthly	EE/Ret	State	
Coverage Level	Deduction	Subsidy	Total
Employee / Retiree Only	\$6.70	\$6.70	\$13.40
Employee / Retiree + 1 Child	\$13.40	\$13.40	\$26.80
Employee / Retiree + Spouse	\$14.75	\$14.74	\$29.49
Employee / Retiree + 2 or More	\$23.45	\$23.45	\$46.90

United Concordia (HMO)				
Bi-Weekly	EE/Ret	State		
Coverage Level	Deduction	Subsidy	Total	
Employee / Retiree Only	\$3.45	\$3.45	\$6.90	
Employee / Retiree + 1 Child	\$6.01	\$6.01	\$12.02	
Employee / Retiree + Spouse	\$6.91	\$6.91	\$13.82	
Employee / Retiree + 2 or More	\$9.71	\$9.71	\$19.42	

Monthly	EE/Ret	State	
Coverge Level	Deduction	Subsidy	Total
Employee / Retiree Only	\$6.90	\$6.89	\$13.79
Employee / Retiree + 1 Child	\$12.02	\$12.02	\$24.04
Employee / Retiree + Spouse	\$13.82	\$13.81	\$27.63
Employee / Retiree + 2 or More	\$19.42	\$19.41	\$38.83

United Concordia (PPO)				
Bi-Weekly	EE/Ret	State		
Coverage Level	Deduction	Subsidy	Total	
Employee / Retiree Only	\$5.14	\$5.14	\$10.28	
Employee / Retiree + 1 Child	\$9.82	\$9.81	\$19.63	
Employee / Retiree + Spouse	\$10.28	\$10.27	\$20.55	
Employee / Retiree + 2 or More	\$19.25	\$19.24	\$38.49	

Monthly	Monthly EE/Ret State		
Coverage Level	Deduction	Subsidy	Total
Employee / Retiree Only	\$10.28	\$10.27	\$20.55
Employee / Retiree + 1 Child	\$19.63	\$19.63	\$39.26
Employee / Retiree + Spouse	\$20.55	\$20.54	\$41.09
Employee / Retiree + 2 or More	\$38.49	\$38.49	\$76.98

January 1, 2005-June 30, 2005 Premium Rates for Term Life Insurance

Age of EE/Ret	Bi-Weekly EE/Ret Rate (per \$10,000)	Monthly EE/Ret Rate (per \$10,000)	Age of Spouse	Bi-Weekly Spouse Rate (per \$5,000)	Monthly Spouse Rate (per \$5,000)
Under 20	.29	.58	Under 20	.31	.62
20 to 29	.29	.58	20 to 29	.31	.62
30 to 34	.35	.70	30 to 34	.34	.68
35 to 39	.46	.92	35 to 39	.42	.84
40 to 44	.72	1.43	40 to 44	.62	1.24
45 to 49	1.16	2.32	45 to 49	.96	1.92
50 to 54	1.88	3.75	50 to 54	1.44	2.87
55 to 59	3.24	6.48	55 to 59	2.23	4.45
60 to 64	4.68	9.36	60 to 64	3.41	6.82
65 to 69	6.99	13.98	65 to 69	4.96	9.92
70 to 74	12.51	25.02	70 to 74	7.80	15.60
75 to 79	24.47	48.94	75 to 79	7.80	15.60
80 and older	24.47	48.94	80 and older	7.80	15.60
Dependent Child Coverage is .95 per \$5,000 per month				EE/Ret = Employee	e/Retiree

January 1, 2005 - June 30, 2005 AD&D Plan Rates

\$ 3.60

\$ 5.40

\$ 6.60

\$ 9.90

Plan	Employee Only	Employee + Family	Employee Only	Employee + Family
Coverage Level	Biweekly	Biweekly	Monthly	Monthly
\$100,000	\$ 0.90	\$ 1.65	\$ 1.80	\$ 3.30

\$ 3.30

\$ 4.95

\$ 1.80

\$ 2.70

\$200,000

\$300,000